

WITNESS SIGNATURE:

2021 Resolution Run Registration Form



Participant Name:	Date of Birth:
Phone Number:	Shirt Size:
Email:	
Address:	
Participant Waiver and General Release Town of Fort Myers Beach, Florida	
carefully and be aware that in participating in Town of Fort Myers assuming the risk and legal liability and waiving and releasing al	for the Town of Fort Myers Beach, Florida. Please read this form Beach (hereafter "Town") activities/programs, you will be expressly Il claims for injuries, damages or loss which you and/or your minor ties connected with and associated with Town of Fort Myers Beach tration, when provided).
I recognize and acknowledge that there may be certain risks involved in participating in Town programs/activities, and I voluntarily agree to assume the full risk of any injuries, damages or loss that my minor child or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child may have (or accrue to me or my child) against the Town as a result of participating in such program/activity, including but not limited to claims against Town officials, officers, employees, agents, independent contractors associated with such programs/activities in any capacity, and/or volunteers (hereinafter collectively referred to as "parties"). I do hereby fully release and forever discharge the parties from any and all claims for injuries, damages or loss (including but not limited to attorney's fees and/or appellate attorney's fees associated therewith, whether or not suit is filed) that my minor child or I may have or which may accrue to me or my minor child and arising out of, connected with, or in any way associated with these programs/ activities or any of them. I indemnify and hold the Town, any of its employees and/or agents and/or any parties referenced above, from any and, all claims from my use of town property or participating in any town programs/activities. I further indemnify and hold harmless the Town, its employees and/or agents and/or any parties referenced above from all costs, expenses and liabilities resulting from any claim brought as a result of my or my child's use of Town property and/or participation in Town programs/activities to the extent of the town's liability under general law. I will comply with all requirements imposed by any federal, state, county or Town emergency declaration. Failure to do so will result in immediate revocation of this Agreement. I am familiar with federal, state, county and local laws, orders, directives, and guidelines relating to COVID-19 (including the Center of Disease Control's prevention guidance), and will compl	
PARTICIPANT SIGNATURE:	PARTICIPANT NAME:
IF APPLICABLE: NAME(S) OF CHILD(REN)	
PARENT/GUARDIAN SIGNATURE:	PARENT/GUARDIAN NAME:

WITNESS NAME: